



**State of New Jersey**  
**DEPARTMENT OF HEALTH AND SENIOR SERVICES**  
OFFICE OF EMERGENCY MEDICAL SERVICES  
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CHRISTINE TODD WHITMAN  
Governor

CHRISTINE GRANT, J.D., M.B.A.  
Acting Commissioner

**EMERGENCY MEDICAL SERVICES FOR CHILDREN ADVISORY COUNCIL**  
**MINUTES OF MEETING**  
**JULY 25, 2000**

***Members Present:*** Dr. Frank Briglia, Dr. Frank Cunningham, Dr. Martin Diamond, Ms. Carolyn Ferolito, Dr. Anthony Greenberg, Sr., Dr. Mary Kaminski, Mr. Daniel Sullivan.

***Members Excused:*** Mr. Jesus Cepero, Dr. Ernest Leva, Ms. Connie Levine, Dr. Alfred Sacchetti, Dr. Thomas Whalen, Mr. Thomas Zarra

***Guests:*** Mr. Michael Pante

***Department of Health  
And Senior Services:*** Dr. John Brennan, Mr. Gerard Muench, Ms. Nancy Kelly-Goodstein, Ms. Bonnie Anderson, Ms. Deborah Gottlieb, Mr. William Duffy

The meeting was called to order by Dr. Frank Briglia at 10:30am. Dr. Briglia asked everyone present to introduce themselves and state their association for the benefit of the new members.

**APPROVAL OF MINUTES:**

The meeting minutes of May 23, 2000 were approved.

**CHAIRPERSON'S REPORT:**

**EMERGENCY DEPARTMENT REGULATIONS**

Ms. Deborah Gottlieb gave a report on the progress of N.J.A.C. 8:43G. Ms. Gottlieb reported that she had met with Dr. Sacchetti, Dr. Brennan and Ms. Nancy Kelly-Goodstein regarding the Pediatric Critical Care Registry. As a result of the meeting, a total of 26 data items were identified that fit the criteria in sections 12.7 and 12.11. A draft was shared with the members present. Additionally, Ms. Gottlieb summarized the comments received regarding the proposed regulations.

Ms. Gottlieb also reviewed for the Council the regulatory process:

- 1). Ms. Gottlieb puts the regulations in the proper format.
- 2). The rule goes to the Health Care Administration Board (HCAB).
- 3). The rule is then published in the NJ Register, with a 30 day open comment period.
- 4). Ms. Gottlieb then reviews all comments and generates a response and brings those back to the HCAB.

- 5) The comments and the proposed rules go to Commissioner Grant.
- 6). The rule is published in the NJ Register.

Discussion followed Ms. Gottlieb's explanation and the general consensus was to make sure we are honing in on the most ill children.

Discussion continued regarding the ability of either the pediatric liaison nurse or physician to enter this data via the internet. Ms. Gottlieb stated we can go on-line once we have given 60 days notice to all hospitals. Mr. Sullivan stated that he feels that a patient should be tracked as soon as they enter the emergency department. Concerns were raised as to the confidentiality of the data. In the proposed format, this data cannot track to a specific patient, but you can track back to the hospital.

Ms. Kelly-Goodstein stated that the Department of Health and Senior Services/Office of Emergency Medical Services regulations require licensed ambulances and advanced life support services to leave a written patient record with the Emergency Department. Dr. Greenberg's concern was that part of the information goes on the ER chart and part goes on the ER nurses chart. We should encourage leaving a copy of the chart with the patient. Mr. Duffy stated that the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) requires the prehospital record to be part of the patient's permanent medical record. Additionally, the American College of Surgeons (ACS) Trauma Center verification team looks for the prehospital record. Ms. Kelly-Goodstein suggested that we poll several hospitals regarding their policies. Dr. Kaminski stated that it would be to our benefit to keep these records. It has been her experience that if the prehospital report is attached to the emergency department copy of the patient's record, it is kept for 90 days and then destroyed.

A motion was made to accept the Pediatric Critical Care Registry Requirements as outlined by Ms. Gottlieb. The discussion that followed included the need to be flexible with the data elements to allow the Register to evolve.

The Registry will need to track each child. This should be accomplished by having an identifiable person (ie: liaison physician/nurse) at each hospital complete the data entry. Example: if the patient presents at the Emergency Department, at Dover, and is then transported to RWJ, RWJ will pick up on the registry where Dover left off. If patient arrives without the emergency department information, the receiving hospital can track down the info. It was suggested that the patient identifier needs to link all the facilities together. Discussion followed on the need to link data.

An amended motion was then proposed that we adopt the 26 items with flexibility. The motion is as follow:

"With addition of language, the Council approved in current form, Part B, to included in the registry those children who have undergone inter-facility transport and with the understanding that the language is currently in draft form and requires flexibility prior to becoming final."

The motion was seconded, and approved.

## Emergency Department Response

Ms. Gottlieb reported that the comment period for the proposed Emergency Department Response regulations regarding the physician on-call response times (20 minutes by phone, 60 minutes in person) is closed. Most comments were in favor. Only the Medical Society was not pleased. The current rule is 15-minute phone response and 30 minute arrival. Not every patient requires this. In N.J.A.C. 8:43G 5.1, all patients are required to be categorized, as routine or emergent-N.J.A.C. 8:43G.12.5 is only for patients with a true emergency. Ms. Gottlieb also stated that there was a controversy over the response time. One suggestion was that on-call physicians respond in a reasonable time. Unfortunately, reasonable time can be different to each person.

## TRAUMA DATA:

Ms. Kelly-Goodstein had written to Dr. Jeffrey Hammond requesting specific trauma data. Ms. Kelly-Goodstein reported she had a conversation with Dr. Hammond on July 24, 2000. During that conversation, Dr. Hammond reported that the current trauma registry system was not Y2K compliant, so he cannot print trauma data. Dr. Hammond also stated to Ms. Kelly-Goodstein that he might not be able to attend the July 25, 2000 meeting. (NOTE: attached to these minutes is a copy of the report from Dr. Hammond.)

Dr. Briglia is going to contact Dr. Hammond regarding the trauma data and ask that Dr. Hammond attend the September 26, 2000 meeting. Mr. William Duffy will pull together information in regards to this subject from 1997. (NOTE: Attached to these minutes is a copy of the latest NJ Trauma Registry report) Questions were raised as to what age a child is treated as an adult.

The new trauma regulations require submission of trauma registry data to OEMS beginning December 31, 2000. Additionally, each Emergency Department must also collect data.

Dr. Brennan discussed proposed new trauma standards. Pediatric surgeons at designated childrens' hospitals will be required to complete pediatric continuing medical education (CME). Surgeons at non-childrens hospitals will not be required to complete pediatric CME.

## OEMS REPORT

### MEMBERSHIP:

Ms. Kelly-Goodstein formally introduced Dr. Anthony Greenberg.

Ms. Kelly-Goodstein also stated she was contacted by the National EMSC program and they would like to conduct a technical consultation visit. Ms. Kelly-Goodstein suggested the September 26, 2000 meeting. (NOTE: This technical consultation visit will be Friday, September 8, 2000 at OEMS-50 East State Street, Trenton).

Ms. Elsa Sieracki has been transferred to the Governor's Appointment Office. Ms. Ferrolito is to be reappointed. Ms. Ferrolito suggested everyone make copies of their appointment documents as they must be resubmitted for each reappointment.

Both Dr. Leva and Dr. Greenberg were formally appointed to the Council this past June. Dr. Ernest Leva (pediatrician in private practice) was nominated by the New Jersey Chapter of American Pediatrics, and Dr. Greenberg was nominated by the New Jersey Academy of Family Physicians.

## SATELLITE LIMITED EMERGENCY DEPARTMENTS

The Department recently proposed regulations for Satellite Limited Emergency Departments (SLED). A SLED can be established when an acute care hospital closes, but leaves the emergency department open in a limited capacity. The training and equipment standards reflect the new emergency department regulations with all the pediatric requirements.

#### STANDING ORDERS

Ms. Darcy Saunders, Legal Representative for OEMS, is working on a rewrite of the prehospital regulations. Ms. Kelly-Goodstein suggested that the pediatric cardiac arrest and trauma standing orders be mandatory for all mobile intensive care units. The proposed regulations for the base physician are the same as the Emergency Department Regulations (board certified in the emergency medicine or PALS or APLS).

#### SEMI-AUTOMATIC DEFIBRILLATION:

Mr. Muench reported that Dr. Hummel of the American Heart Association (AHA) has contacted him regarding the guidelines for pediatric defibrillation (letter attached). The AHA guidelines are for patients over 8 years old, however, the Department of Transportation (DOT) guidelines for Emergency Medical Technicians (EMT's) are 12 years (or 90 pounds). Mr. Mike Pante also added that the AHA will be changing its standards again very shortly. Similar discussion continued in regards to having a small patient over 12 years of age or a patient over 8, (weighing over 90 lbs.). The first responders who can be trained by the AHA will need to review this issue.

#### HEALTH CARE FINANCE ADMINISTRATION (HCFA):

Mr. Muench discussed the impending HCFA Ambulance Fee Schedule and the fact that half of the patients treated by the paramedics are Medicare patients. The question is with the reduction in reimbursement, will the paramedics be able to function? New Jersey has a unique system whereas advanced life support services are hospital based, with basic life support services both paid and volunteer. HCFA, which is federally regulated, states that they cannot give New Jersey a written waiver. The proposed regulations should be published in the Federal Register and will take effect January 2001. Dr. Kaminski asked that the council be notified when the regulations are published.

#### NEWSLETTER

Ms. Kelly-Goodstein advised everyone that the next issue of the newsletter was going to the Commissioner's office for approval Thursday.

#### AMBULANCE POSTERS:

The Pediatric Assessment Posters were approved at the 8 ½" X 11" size. They will be required in all ambulances. The content of the poster will not change.

#### 2001 MEETINGS:

The 2001 meeting dates were discussed and it was decided to keep the meeting on Tuesday's near the end of the month. Below is a list of the 2001 meeting dates.

#### NEW BUSINESS:

Mr. Michael Pante introduced the Pediatric Education for Prehospital Professionals (PEPP) Program. It is both a basic and advanced life support program that will be starting in New Jersey. The first course directors class will be on September 9, 2000.

Motion to Adjourn

### 2000-2001 Meeting Schedule

Tuesday-September 26, 2000 (Ground Floor-Board Room)  
Tuesday-November 28, 2000 (Ground Floor-Board Room)  
Tuesday-January 30, 2001 (Ground Floor-Auditorium)  
Tuesday-March 27, 2001 (Ground Floor-Auditorium)  
Tuesday-May 22, 2001 (Ground Floor-Auditorium)  
Tuesday-July 31, 2001 (Ground Floor-Auditorium)  
Tuesday-September 25, 2001 (Ground Floor-Auditorium)  
Tuesday-November 27, 2001 (Ground Floor-Auditorium)

10 a.m. to 12 p.m.  
Health and Agriculture Building  
John Fitch Plaza  
Market and New Warren Streets  
Trenton, New Jersey  
(609) 633-7777